

4679

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
County of <u>Dila</u>	State Index No. <u>211</u>	Co. Registrar's No. <u>206</u>	
District of _____	Local Registrar's No. _____		
Town of <u>Miami</u>	(No. _____ St. _____ Ward)		
City of _____	FULL NAME OF CHILD <u>Robert Franklin Rosser</u>		
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Born	YES
		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>
Legitimate? <u>yes</u>	Date of Birth <u>May 23</u>	Month <u>May</u>	Day <u>23</u> Yr. <u>1922</u>
FATHER		MOTHER	
Full Name <u>Thomas James Rosser</u>	Full Maiden Name <u>Lula Pearl Gray</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>		
Age at last Birthday <u>22</u> Years	Age at last Birthday <u>19</u> Years		
Birthplace <u>Butte, Montana</u>	Birthplace <u>Globe, Arizona</u>		
Occupation <u>Pipefitter</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>May 23, 1922</u> at <u>6:15 P.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>C. M. Crow M. D.</u>	
		Attending physician, midwife, householder.*	
Given or Christian name added from a supplemental report _____ 191		Address <u>Miami, Arizona</u>	
999-523-328		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	